

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-010083

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
5 Yrs.

c. CITY OR TOWN Poplar Bluff

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy Lee Hospital

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
R.R. # 4.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Robert Edgar Wilson

4. DATE OF DEATH
Month Day Year
March 18, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/31/1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

3 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired railroad worker

10b. KIND OF BUSINESS OR INDUSTRY

Railroading

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James Wilson

13b. MOTHER'S MAIDEN NAME

Emma Lambert

14. NAME OF HUSBAND OR WIFE

Mrs. Blanche Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Blanche Wilson, Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
2 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral vascular accident

24 hours

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1959 to 3-18-62 and last saw her alive on 3-18-62
Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

3-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE OF BURIAL OR CREMATION

3/19/1962

Rucker

23d. LOCATION (City, town, or county)

Wayne County, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.

3/31/1962

26. REGISTRAR'S SIGNATURE

Delma Graham

APR 3 1962

APR 10 1962

APR 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mung

Licensed Embalmer No. 548077

P. O. Address Payson Bluff 6 Mo

Note: *The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.